



U.S. Department
of Transportation

**Federal Transit
Administration**

Administrator

400 Seventh St., S.W.
Washington, D.C. 20590

SEP 21 2005

Dear Colleague:

I am writing to you to share new information relating to the Medicare Prescription Drug Improvement and Modernization Act of 2003. As a result of this new law, prescription drug coverage will be available for millions of Americans with Medicare.

Every Federal agency is working to help Americans who are eligible for this new benefit, learn how to sign up for the new Medicare Prescription Drug Coverage throughout the open enrollment period. Open enrollment will take place between November 15, 2005 and May 15, 2006.

The Medicare program provides health insurance for people age 65 or older, people with disabilities and people with End Stage Renal Disease. All people with Medicare are eligible for the drug coverage and extra help is available for people with limited incomes. Actually, many of our transit customers who use community and public transportation services every day are eligible for Medicare benefits. We are facilitating the distribution of Medicare Prescription Drug Coverage outreach materials to transit agencies that choose to help educate Americans about this important and beneficial coverage.

The Centers for Medicare & Medicaid Services and the Social Security Administration have information including posters and brochures that are available to your agency for display on buses, in transit stations, and at bus stops. We believe sharing this information with your customers is a worthy endeavor that will allow them to access Medicare benefits that help pay for prescription drugs.

The enclosed materials are available at no charge for distribution within your systems. If you are interested in distributing materials and information to members of your community, please return the enclosed order form via email velvet.snow@fta.dot.gov or via fax at (202) 366-3472. For additional information on the Medicare Prescription Drug Program visit www.medicare.gov.

We appreciate your consideration for participating in this important national effort.

Sincerely,

Jennifer L. Dorn

Enclosures

**MEDICARE PRESCRIPTION DRUG COVERAGE
DOCUMENT ORDER FORM**

Quantity

Name of Publication

☐ _____
☐ _____
☐ _____

Limited Income Posters. Size:
Limited Income Bus Signs. Size:
Medicare Prescription Drug Brochure

Shipping Information

Name: _____

Agency: _____

Address (please do not use P.O Box)

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____